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Bib Data Sheet

CONFIRMATION NO. 6453

|                             |                                                |              |                        |                                          |
|-----------------------------|------------------------------------------------|--------------|------------------------|------------------------------------------|
| SERIAL NUMBER<br>10/696,531 | FILING OR 371(c)<br>DATE<br>10/28/2003<br>RULE | CLASS<br>700 | GROUP ART UNIT<br>3651 | ATTORNEY DOCKET NO.<br>IVC-104A, Case 13 |
|-----------------------------|------------------------------------------------|--------------|------------------------|------------------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

01/29/2004

**\*\* SMALL ENTITY \*\***

|                                 |                                                                                                       |                        |                        |                    |                         |
|---------------------------------|-------------------------------------------------------------------------------------------------------|------------------------|------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no                                              | STATE OR COUNTRY<br>NJ | SHEETS<br>DRAWING<br>3 | TOTAL CLAIMS<br>18 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                        |                    |                         |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____                                                             |                        |                        |                    |                         |

**ADDRESS**

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**TITLE**

Product location method utilizing product bar code and aisle-situated, aisle-identifying bar code

|                            |                                                                                                                   |                                                                                                                                                                                                                                                                                 |
|----------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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